

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO 10825240 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
1		X		
2				
3				
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49				
50				
TOTAL IND.	1		1	
TOTAL DEP.	12		7	
TOTAL CLAIMS	13		9	

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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